



Commission on Improving the Status of Children in Indiana

Meeting Minutes

Commission on Improving the Status of Children in Indiana

Wednesday, October 21, 2020

Zoom Meeting

- Christine Blessinger, Director, Division of Youth Services, Department of Correction
- Dr. Kris Box, Indiana State Health Commissioner, Indiana State Department of Health
- Senator Jean Breaux
- Jay Chaudhary, Director, Division of Mental Health and Addiction
- Bernice Corley, Executive Director, Public Defender Council
- Representative Dale DeVon
- Justin Forkner, Chief Administrative Officer, Indiana Office of Judicial Administration
- John Hammond IV, Office of the Governor
- Curtis T. Hill, Indiana Attorney General (non-voting member)
- Senator Stacey Danato
- Zac Jackson, Director, State Budget Agency
- Susan Lightfoot, Chief Probation Officer, Henry County Probation Department
- Dr. Jennifer McCormick, Superintendent of Public Instruction, Indiana Department of Education
- Chris Naylor, Executive Director, Indiana Prosecuting Attorneys Council
- Justice Loretta Rush, Chief Justice of Indiana
- Terry Stigdon, Director, Indiana Department of Child Services
- Dr. Jennifer Sullivan, M.D., Secretary, Indiana Family and Social Services Administration
- Representative Vanessa Summers

1. Welcome and Introductions

Representative Dale DeVon called the meeting to order at 10:00 and welcomed all participants and guests.

2. Consent Agenda

Action: The minutes of the August meeting were approved by the Commission

3. Child Trauma and Resilience

Presentation: David Westenberger and Dr. Zachary Adams

Dr. Zachary Adams: Dr. Adams stated that the committee was asking for the Commission's Endorsement of a position statement regarding ACE science and ACE scores. This is needed due to the growing awareness and attention being paid the protentional harm associated with adverse childhood experiences. Some concerns are that the application of ACE scores has outpaced the evidence in a specific area. That specific area is moving beyond population level surveillance which the Committee supports and continues to be an appropriate use of ACE's into individual-level screening. These points are outlined in the [Position Statement](#).

David Westenberger: David Westenberger made a presentation ([slides 5-28 in the meeting PowerPoint](#)) on the original ACE study and the brain science of trauma. He emphasized that the ACEs questions were designed for research and not for diagnosis or screening, and the Commission can use ACE science to inform prevention strategies. More information on ACEs work in Indiana can be found at www.acesindiana.org.

Discussion: Rep. DeVon commented that he would like to dig deeper into it, and asked whether the information that was gathered looking at a breakdown of race and how the ACE's study is it as relevant as it should be when you talk about generational trauma? David Westenberger responded that original ACE's study, the sampled skewed, is a bit more affluent and white. We need to be cautious of having that score be the be-all end-all determinate of eligibility of particular services or to make decisions on whether additional services are warranted if we might be missing things systematically due to disparities and inequities. The original study was done by asking adults about their childhood which is very different than asking a child about their current or lifetime experiences.

Action: Chief Justice Rush made the motion to approve the position statement. Sen. Stacey Danato seconded. Commission approved position statement on use of ACE'S questions 11-0.

Strategic Priority: Child Health and Safety

Presentation: Dr. Kris Box presented the 2019 preliminary data on Indiana's infant mortality rate ([slides 30-33 in the Meeting PowerPoint](#)). There was a significant decline in this year in Indiana and across the United States in infant mortality. The 2020 goal has not been achieved. The white infant mortality rate has remained at or below the healthy people goal. The Hispanic population infant mortality rate has gone up this year. Why and what the increase is from is under review. SID's or unsafe sleep continues to be significant proportion for the minority population. The non-Hispanic Black population infant mortality rate has gone down. OB Navigator has rolled out to 22 counties. The OB Navigator has been renamed My Healthy Baby. The Fetal Infant Mortality Review teams has been increased by 4 times across the state of Indiana. My Healthy Baby will work with the MOMS grant from the FSSA which will expand postpartum care for women with substance abuse disorder covered by Medicaid for at least a year and also expands mental health care.

Discussion: Rep. DeVon asked if there is an average age of the mother or is that not looked at? When that comes out for 2019 Dr. Box is willing to give the Commission that information. Rep. Summers asked how many women with substance abuse disorder go through this program and if there is a way to open this program up that's not only for substance abuse or is there any other things the state can go after to help the African American community when it comes to women and pregnancy? Dr. Box stated some of the recommendations are increasing postpartum coverage for Medicaid patients – trying to expand past 60 days and recommending more home visitation directed at particular at-risk populations. Bernice Corley asked what My Healthy Baby provides to the mothers who participate in the program. Dr. Box stated the program is a pregnancy support system and can help with pregnancy care information regarding how to apply for coverage, and when and how they can go before approval, help getting appointment set up, help with housing, food, and transportation. The program also follows the mother through the pregnancy and through the baby's first year of life. After the baby is one year of age the program helps the mothers get set up with programs in their community to have the resources and support they need.

4. Strategic Priority: Mental Health and Substance Abuse

Presentation: Bethany Ecklor, DMHA

Bethany Ecklor presented an overview of state- and federally-funded school-based prevention programming. An overview of the funding amounts and information are located on slides 34-48 of the [Meeting PowerPoint](#). Federal funds go to after school programs and media campaigns. The State funds are focused on school-based programming and working with the community to partner with the school. It is legislatively written that state funds go students, teachers, parents, and the community. There were 6,000 students served in life skills or substance abuse prevention and showing gains in knowledge of risk of substance abuse and displayed positive attitudes for non-drug use. 5,500 students were receiving mental health services in the tier 1 level or referrals and connections to those higher services. 6700 students received training to help and or identify address suicidal behavior. 2000 faculty and staff were trained which showed an improvement in knowledge in mental health indicators and available services in the community. 4000 community members were reached through various community conversations, town hall events, and over 80% reported an increase in knowledge regarding mental health issues and community resources. There are three providers in three different regions that all provide some evidence-based practices to schools. They are partnered with Indiana Youth Institute. Block grant prevention has to have 70% evidence-based programming and must have DMHA approved work plans.

Claire Fiddian-Green and Sarah Hawkins of the Richard M. Fairbanks Foundation presented on the [Prevention Matters](#) initiative (slides 49-70 in the [Meeting PowerPoint](#)). In 2015 the foundation was focused on the opioid crisis. It was broadened this year to substance use disorder more broadly. Prevention became a focus also. Studies show substance use can start in middle school or even elementary school. School based prevention programs are a critical tool to help stop the substance use and misuse. To be effective school-based programs have to be evidence based. Fairbanks put together a [guide on evidence-based programs](#). Must be curriculum based and taught throughout the school year. The program should be embedded in the school curriculum and provided every year for successive years. Fairbanks Foundation surveyed schools in Fall of 2017 and found only 11% of schools were implementing evidence-based prevention programs. Staffing turnovers are an issue in prevention matters. Launched Prevention Matters in January 2018. It is a 12-million-dollar commitment by the foundation. They are halfway through that initiative.

Sarah Hawkins stated there are 27 Marion County grantees that represent 155 public and private schools through the prevention programs serving approximately 82,000 students. The most popular programs that have been selected have been Second Step which is an elementary and middle school program and Life Skills which is a middle school and high school. Prevention Matters was designed to equip schools with the system and support necessary to be able to sustain the programs at the end of the three-year grant program. Also provides technical assistance to support schools' implementation and sustainability. Fairbanks is also funding a third-party evaluation and sharing the findings. Prevention Matters and has been replicated by three other Indiana funders in their communities. The foundation has provided them with all their research and materials and support. The first two years of evaluations really focused on implementation quality. Research shows it takes about 3-5 years before schools start to see measurable student outcomes impact. Due to Covid-19 funding has been increased for technical assistance. Fairbanks will share the upcoming evaluation report with the Commission executive director.

5. Strategic Priority: Juvenile Justice and Cross-System Youth

Presentation: Rep. Wendy McNamara gave an update on the CSG juvenile justice review project. The [Juvenile Justice Reform Taskforce](#) was created to stop doing random acts of juvenile justice and focus on making improvements systemically across the state of Indiana. They look at how to better improve outcomes for youth that are in the juvenile justice system. They received a grant from the Lily Endowment and have partnered with Council of State Governments (CSG), which is nationally recognized and nonpartisan. The Juvenile Justice Reform Taskforce is data driven. CSG will do the preliminary assessment of what the juvenile system looks like across the state. Sen. Crider and Rep. McNamara will be co-chairing the taskforce. There are 40 members from all segments on the taskforce right now. There are 5 phases. Phase 1 is to assess the alignment of Indiana's legislative codes. Phase 2 will be to identify the opportunities to leverage and build upon past and current juvenile justice reform. Phase 3 will be to establish priorities for systems improvements. Phase 4 will be to look

and evaluate Indiana's capacity for juvenile justice data. Phase 5 will be a presentation to stakeholders. This is a 6-9 month project and important to find key stakeholders across the state of Indiana for focus groups or 1-1 meetings with CSG for feedback. Any person anyone on the Commission feels would be a good person to interview for this please send the information to Julie or to Nina Salomon from CSG nsalomon@csg.org.

Discussion: Rep. DeVon is wondering if Rep. McNamara would like to speak to people from CASA or DCS. Rep. McNamara states they will all be involved in it one way or another. There is a DCS representative on the taskforce. She said she is hoping to hear from someone the taskforce might not know about. Rep. DeVon asked how many meetings are planned, and Rep. McNamara stated there would be one meeting in January or February and then another when the results are in.

6. Youth Engagement

Julie Whitman discussed adding youth members to the Commission. This idea came from the Executive Committee and now is coming to the full Commission for their approval. Everyone on this committee is appointed via legislative statute and because of that the idea came up from the Executive Committee to propose a bill to add 2 youth members to the commission. That poses two questions: Does the Commission feel that is a good idea and if so, what parameters should be written into the legislation? What age range of youth? What type of experience do we want them to have? Who would be the appointing authority? And how long would their term be? Those would be the key elements that would need to be written into the statute. Whoever is the authority, Julie Whitman would be willing to do whatever the background work, research, and recruitment that needs to happen to be able to serve as youth that meet the criteria that our laid out to offer a short list for potential appointment like is done for the Committee and Taskforce co-chairs.

Discussion: Chief Justice Rush suggested a two-year term, Chair of the Commission to appoint with consultation from the Executive Committee, and ideally at least one of the youth who was dual status both in CHINS and delinquency. No Commission members objected or expressed concerns about adding youth members.

7. Executive Director and Committee Updates

The Data Sharing and Mapping Committee update is posted on the website. The Committee is working to support the juvenile justice taskforce by gathering data they were able to. They are also updating the information sharing guide by trying to get the legal information in the information sharing app updated to reflect current law and the current interpretations of the different agency counsels.

Equity, Inclusion, and Cultural Competence Committee update is posted on the website. The Committee continued to look at follow up from the framework document, the Guide for Equity Considerations around some questions to ask when you're making policy decisions with an equity point of view. This Committee is also trying to determine ways to offer technical assistance if wanted to implement that tool. The next thing they're working on is guidance for agencies who want to hire equity director positions or chief equity officers.

Youth Engagement Summit is this Friday from 1-3pm. If interested contact Julie Whitman.

8. Discussion: Future Meeting Topics or other items from Commission Members

No discussion.

9. Next Meeting

December 15, 2020 10am – 12pm